

Fleet Health Risk Appraisal

Tailoring Your Health Promotion Interventions to Identified Risks

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The Army first came out with a Service-wide assessment tool that alleviated the need for individuals to either buy commercial products or write their own programs. The Army tool, sometimes known as the Fit-to-Win HRA, was primarily a cardiovascular risk assessment tool that eventually added some additional topics. In 1996 the Air Force designed HEAR 1.0, designed to assess the health status of the population upon their entry into the MHS. That purpose evolved over time, but the processes for incorporating it into clinical practice more often than not were lacking. In addition, a poor response rate limited the use of the tool in making generalizations about populations. At this time, HEAR version 3.0 is still being revised as a periodic assessment for the MHS and the Army HRA is now out of print.

This Fleet HRA resulted from the SURFPAC's request to the Navy Medical Information Management Center (NMIMC) to develop a means to assess health NOW by means of a brief set of about 20 questions. REDCOM's expressed high interest in getting such a tool, especially since they will not have access to CHCS or PHNS, on which HEAR 3.0 will be attached. Use of this HRA tool is voluntary, but is one method of assessing your population for either the Green H award or NEHC Command Excellence Award.

Current Health Behavior Status

- Health of AD Military Members: half of all injuries and illnesses are due to behavior (1/4 to environment, 1/4 to genetics)
 - Smoking: 30%, smokeless tobacco: 19% in age 18-24
 - Heavy drinking: 16% (>5 at one occasion)
 - Overweight: 20%
 - 2/3 exercise strenuously
 - Hospitalizations from injuries (237/100k)
 - Seat belt use: 91%
 - Helmet use: 75% (motorcycle), 44% bicycle
 - Condom use: 42% (unmarried sexually active)

*Source: DoD Survey of Health Related Behaviors Among Military Personnel

Why are health assessment tools appropriate for use with our active duty Navy beneficiaries? Simply, young Sailors and Marines are risk-takers. Significant improvements have been observed in many areas since 1980. However, in 1998 many areas remain problematic. You can see by these results from the 1998 DoD Survey of Health Related Behaviors Among Military Personnel that there is room for improvement among the active duty. In some areas, non-active duty Navy health care beneficiaries perform even worse.

Prevention

- Primary Prevention: reducing those risk-taking behaviors that will prevent
- Secondary Prevention: ID & treat illness and injury when they occur; return to full health
- Tertiary Prevention: treatment of chronic conditions (stabilize & rehab); retain current functional status

The Fleet HRA emphasizes primary prevention, which shifts the action and responsibility to the individual service member. Health care providers and leadership's role is to endorse prevention, to establish effective policies and command expectations, and to lead through example; that is, to set the command environment.

Research has demonstrated efficacy of health risk appraisals as a behavior-change mechanisms if they are well constructed and tailored to meet the needs of the persons completing the assessments.

Fleet HRA



The Fleet HRA may be an effective tool for motivating Sailors and Marines to adopt safer behaviors by:

- *providing information on risk consequences
- *conveying a sense of Naval norms, e.g., “good sailors and Marines don’t let their buddies drive after drinking”
- *providing concrete recommendations for healthier behaviors
- *reinforcing healthy behaviors (important to keep healthy people healthy)
- *providing immediate feedback to the member unique to his or her responses
- *maintaining privacy

Steps for Getting Administrator Privileges

- Command will assign a POC as Administrator
- POC will complete the Request for Administrator Privileges, aka “Server Request Form,” and fax it to the Navy Medical Information Management Center
- New Administrator will receive LOGIN information and password
- Administrator will design survey “Groups”

Starting the Fleet HRA for your population is simple and quick. It takes a day or two for an administrator to receive the web links and passwords necessary to set up local groups. Group names will usually reflect the UIC, but might be designed to include other distinct groups, such as attendees at a course. Any unique name can be used to establish a group.

These guidelines on instituting the HRA can be found on NEHC’s Population Health web site:

http://www-nehc.med.navy.mil/hp/pophealth/Fleet_HRA.htm

Assessment Tool

HEALTH RISK SURVEY

Age: [] Sex: [] Rank/Rate: [] Service: []
 Race/Ethnicity: [] Height: FEET [] INCHES [] Weight: POUNDS []

1. Would you say that your health in general is ...
☐ a. Excellent
☐ b. Very good
☐ c. Good
☐ d. Fair
☐ e. Poor

2. Do you currently smoke cigarettes, cigars, or pipes?
☐ a. Every day
☐ b. Most days
☐ c. Some days
☐ d. Not at all

3. Do you currently use smokeless tobacco?
☐ a. Every day
☐ b. Most days
☐ c. Some days
☐ d. Not at all

4. How many alcoholic beverages do you have during a typical day when you drink alcohol? (One drink = 12 ounces of regular beer, 5 ounces of wine, 1.5 ounces of 80-proof distilled spirits)
☐ a. 5-6
☐ b. 3-4
☐ c. 1-2
☐ d. Not applicable, I do not drink

5. How often do you typically drink 5 or more alcoholic drinks at one sitting?
☐ a. Often
☐ b. Sometimes
☐ c. Rarely
☐ d. Never
☐ e. Do not know

6. How often do you drive when perhaps you have had too much to drink?
☐ a. Often
☐ b. Sometimes
☐ c. Rarely
☐ d. Never
☐ e. Do not know

7. Do you use a seat belt when you drive or ride as a passenger?
☐ a. Always
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely
☐ e. Never

8. Do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?
☐ a. Always
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely or never
☐ e. Does not apply to me

9. How often do you use the safety equipment recommended for your job? (e.g., hearing and vision protection, respirators, barriers, and other safety devices)
☐ a. Always
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely or never
☐ e. Does not apply to me

10. In general, how satisfied are you with your life? (e.g., work situation, social activity, accomplishing what you set out to do)
☐ a. Very satisfied
☐ b. Mostly satisfied
☐ c. Somewhat satisfied
☐ d. Not satisfied

11. How often do you feel that your work situation is putting you under too much stress?
☐ a. Always
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely
☐ e. Never

12. Do you have someone to talk to when you are feeling lonely or in need of help?
☐ a. Always
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely
☐ e. Never

13. Do you participate in spiritual practice?
☐ a. Yes
☐ b. No

The Group Name is used to log on to the HRA. Members who are TAD or on leave can log on from outside the unit. They may also take it from their home PC.

The Fleet HRA asks for basic demographic information, with drop-down selection menus, omitting any personal identifiers such as name or SSN. The first question asks about self-perception of one's health, which has been correlated to future health care utilization. It can also serve to validate or refute the individual's general perception of their health by comparing it with his or her lifestyle risk behaviors.

The assessment itself consists of 20 risk behaviors within 10 risk categories. The risk categories include:

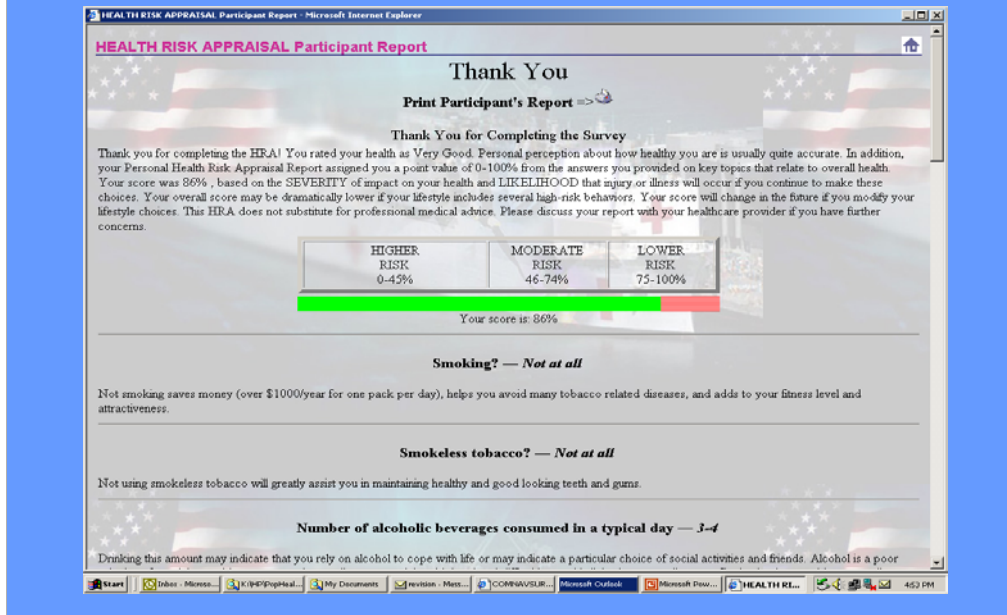
- *Tobacco use *Alcohol use *Automobile safety *Safety equipment
- *Stress management
- *Sexual health *Exercise *Nutrition *Dental health *Sleep

Within each category, there are one or more questions. For example, tobacco has 2 questions, on smoking products and smokeless tobacco. Alcohol covers heavy drinking and binge drinking. Exercise covers aerobic and muscular training, etc.

The questions come from a variety of sources, to include the BRFSS, DoD Survey, HEAR. There has been some editing in order to keep the question set small, per initial requests, while focusing on key risk factors identified by the CDC Leading Health Indicators. For example, the smoking question includes smoking of cigarettes, pipe, or cigars; the use of helmets question includes motorcycles, bikes, and ATVs.

Again, this is a behavioral risk assessment. It does not include current status on Clinical Preventive Services, family history of chronic diseases, or MTF utilization questions.

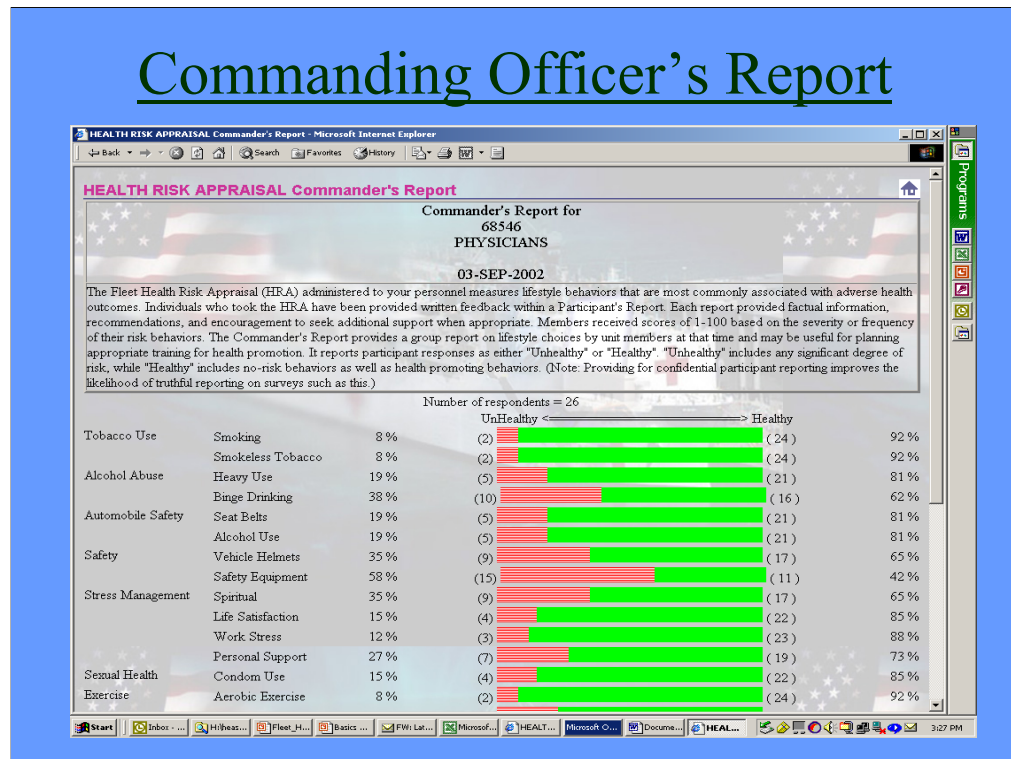
Participant Report



The Participant's Report is a couple of pages. It starts with an introduction that discusses behavioral risk. Each individual is given feedback, both by a visual bar graph and comments that correlate with their responses to the 20 questions. There is a word or phrase representing each question, followed by the participant's response. For example, in this case the individual doesn't use tobacco at all but consumes 3-4 alcoholic beverages in a typical day.

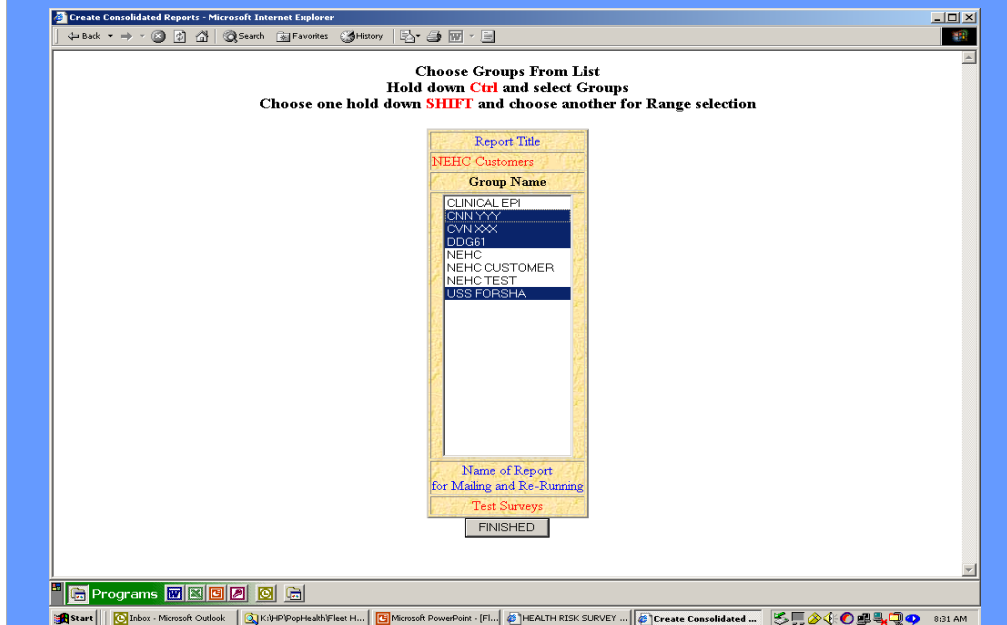
Each participant reviews his or her report on the screen and has the option of printing out the report. If they close the report without printing it, the report cannot be brought back by them or the administrator, thus preserving their privacy.

Commanding Officer's Report



Whenever the administrator chooses (following a reasonable response rate), he or she can produce a report for the Commanding Officer that shows the risk categories, specific risk behaviors, and both percentile and actual number of respondents who self-report either Unhealthy or Healthy behaviors. These proportions are color-coded and provides the CO with a real-time view of risk behaviors by unit personnel and suggests priorities for unit training. In this case, non-use of safety equipment and binge drinking appear to be significant problems, at 58 and 38%, respectively.

Consolidated Reports



If the administrator needs to gain a perspective of the larger organization, unit data can be combined into a Consolidated Report merely by selecting individual units and creating a consolidated group. For example, the Naval Academy intended to administer this HRA to midshipmen by battalions, then group units into an Academy-wide report. REDCOMS are using the HRA for individual RUICS and then consolidating by region. An entire REDCOM report can also be generated just as easily.

These consolidated reports can also be e-mailed to recipients.

Aggregate Data

http://nmc-bmd-ap1.med.navy.mil/plz/connavisurpacha_admin/DSCGPOP.NEHCba_download?p_groupname - Microsoft Internet Explorer

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	GroupName	AGE	SEX	RANK	SERVICE	RACE	HEIGHT (Feet)	HEIGHT (Inches)	WEIGHT	GENERAL HEALTH	Smoking	Smokeless Tobacco	Heavy Use	Binge Drinkin
1	CLINICAL EPI	34	M	O4	NR	C	5	10	180	B	D	D	C	C
2	CLINICAL EPI	32	M	O4	NR	C	5	11	180	B	D	D	A	C
3	CLINICAL EPI	49	M	O6	N	C	5	9	170	B	D	D	D	D
4	CLINICAL EPI	21	M	E2	M	H	6	0	158	C	B	9	A	A
5	CLINICAL EPI	47	M	O6	N	C	5	8	165	B	D	D	C	D
6	CLINICAL EPI	36	M	O4	NR	C	6	3	222	A	D	D	A	A
7	CLINICAL EPI	38	M	O4	NR	H	5	10	165	B	D	D	C	A
8	CLINICAL EPI	52	M	O6	NR	C	5	9	160	B	D	D	C	D
9	CLINICAL EPI	48	M	O6	NR	C	5	8	166	B	D	D	C	D
10	CLINICAL EPI	54	M	O4	N	C	6	3	238	C	D	D	C	C
11	CLINICAL EPI	58	F	O6	N	C	5	2	120	A	D	D	C	D
12	CLINICAL EPI	55	M	O5	N	C	5	9	155	A	D	D	D	D
13	CLINICAL EPI	37	M	O5	N	C	6	1	175	B	D	D	C	D
14	CLINICAL EPI	18	M	E2	M	F	5	3	180	A	A	D	A	A
15	CLINICAL EPI	24	M	E5	N	C	5	9	159	C	D	D	C	D
16	CLINICAL EPI	31	F	O3	NR	F	4	10	102	B	D	D	C	D
17	CLINICAL EPI	50	M	O6	N	C	6	0	175	B	D	D	D	D
18	CLINICAL EPI	48	F	O6	N	C	5	4	135	B	D	D	D	D
19	CLINICAL EPI	44	M	O4	N	C	6	4	230	B	D	D	C	D
20	CLINICAL EPI	62	M	O5	N	C	5	8	158	C	D	D	C	D
21	CLINICAL EPI	20	M	E4	M	C	6	2	185	A	D	A	B	A
22	CLINICAL EPI	43	M	O5	N	C	6	1	178	A	D	D	C	D
23	CLINICAL EPI	40	M	O5	N	C	5	10	140	A	D	D	C	C
24	CLINICAL EPI	40	F	O3	N	C	5	6	130	A	D	D	C	D
25	CLINICAL EPI	33	M	O3	NR	H	5	8	170	A	D	D	C	D
26	CLINICAL EPI	40	M	O4	N	F	5	9	170	A	D	D	C	C
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The aggregate data for each group or consolidated group is automatically downloaded into an Excel spreadsheet for the Administrator. He then has the ability to analyze the data by demographic variables. Body Mass Index can also be automatically computed from reported height and weight.

Summary



The Fleet HRA is a commander's tool that supports readiness. It's potential lies in its ability to prevent illness and injury from occurring.

The most important role of the medical staff is to ensure that the line commander has personnel who can effectively deal with the physical and emotional stresses associated with military service and pursue the battle. (Gen. Jonathan Letterman, Medical Director for the Army of the Potomac, 1864)